



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Application of: Carl E. Fabian Group Art Unit: 3761
Serial No.: 10/650,376 Examiner: Michael G. Bogart
Filed: August 29, 2003
For: **RADIOPAQUE MARKER FOR A SURGICAL SPONGE**
Docket No.: 0018-13

231 Somerville Road
Bedminster, NJ 07921
March 1, 2007

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

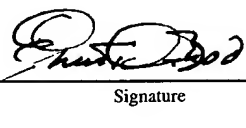
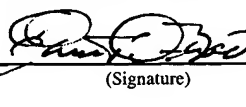
AMENDMENT UNDER 37 CFR 1.111

In response to the Office Action dated December 5, 2006, please amend the above-identified application as follows:

Amendments to the Claims are set forth in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

DFW

AMENDMENT TRANSMITTAL LETTER				ATTORNEY'S DOCKET NO.: 0018-13			
SERIAL NUMBER: 10/650,376		FILING DATE: August 29, 2003		EXAMINER: Michael G. Bogart		GROUP ART UNIT: 3761	
INVENTION: RADIOPAQUE MARKER FOR A SURGICAL SPONGE							
INVENTOR(s): Carl E. Fabian							
TO THE ASSISTANT COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.							
CLAIMS AS AMENDED							
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NO. OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE	
TOTAL CLAIMS	13	MINUS	20	0	X \$25	0.00	
INDEP. CLAIMS	3	MINUS	3	0	X \$100	0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0.00	
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input checked="" type="checkbox"/> No additional fee is required.</p> <p><input type="checkbox"/> Charge \$ _____ to Deposit Account No. _____. A triplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The undersigned petitions for any extension of time for filing this document required under 37 C.F.R. 1.136 and submits a check for \$ _____ to cover the extension fee _____. A triplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Charge any additional fees to Deposit Account No. 50-3832.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;"><p>_____ March 1, 2007 Date</p><p>_____ (908) 901-0220 Phone</p></div><div style="width: 45%; text-align: center;"><p>_____  Signature</p><p>_____ Ernest D. Buff Attorney Name</p><p>_____ 25,833 Reg. Number</p></div></div>							
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>March 1, 2007</u>.</p> <div style="text-align: center; margin-top: 20px;"><p>_____  (Signature)</p><p>_____ Ernest D. Buff Attorney of Record</p><p>_____ March 1, 2007 (Date)</p></div>							